

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90032 011 \*\*\*\*\*55.00

**DOCUMENT # L02000011959**

1. Entity Name

**ATLANTIC STRUCTURES LLC**



Principal Place of Business

79 BAY DR.  
KEY WEST FL 33042

Mailing Address

PO BOX 440338  
SUGARLOAF SHORES FL 33042

2. Principal Place of Business

3. Mailing Address

**PO Box 420526**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SUMMERLAND KEY FL**

Zip

Country

Zip

**33042**

Country

**MONROE**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERCE, ROBERT**  
**79 BAY DR.**  
**KEY WEST FL 33042**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRESIDENT**  
**ROBERT N. PIERCE**  
**PO BOX 420526**  
**SUMMERLAND KEY FL 33042**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Robert N. Pierce**

**SIGNATURE REQUIRED**

**4-13-03**

**305 7456439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)